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7590

Christopher W. Quinn Brooks & Kushman P.C. 1000 Town Center, 22nd Floor Southfield, MI 48075-1351



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Matthew R. Mowers	(Depositor's name)
Maltellal	(Signature)
August 9, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/735,241	12/11/2000	Joseph J. Davis, JR.	LUTA 0233 PUS	4756	

TITLE OF INVENTION: METHOD OF MANUFACTURING A VEHICLE PULL HANDLE ASSEMBLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE		DATE DUE		
nonprovisional	NO	\$1330		\$300	\$1	\$1630		10/01/2004	
EXAM	INER	ART UNI	T	CLASS-SUBCLASS]				
MCDOWELL, SUZANNE E		1732		264-513000	-				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			liames of up to 3 registered patent attorneys of 1				С.	Panagos	
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or			2			
			agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		3				

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LEAR CORPORATION

SOUTHFIELD, MI

Please check the appropriate assignee category or category	ories (will not be printed on the patent);	🗆 individual	X corporation or other private group entity	government 🔾			
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):						
X Issue Fee	X A check in the amou	int of the fee(s)	is enclosed.				
X Publication Fee	Payment by credit of	ard. Form PTO	-2038 is attached.	e mali v			
Advance Order - # of Copies	The Director is her Deposit Account Num	Deposit Account Number 02-3978 to the required fee(s), or credit any overpayment, to Deposit Account Number 02-3978 to the required fee(s), or credit any overpayment, to Deposit Account Number 02-3978 to the required fee(s), or credit any overpayment, to Deposit Account Number 02-3978 to the required fee(s), or credit any overpayment, to Deposit Account Number 02-3978 to the required fee(s), or credit any overpayment, to Deposit Account Number 02-3978 to the required fee(s), or credit any overpayment, to Deposit Account Number 02-3978 to the required fee(s), or credit any overpayment, to Deposit Account Number 02-3978 to the required fee(s), or credit any overpayment, to Deposit Account Number 02-3978 to the required fee(s), or credit any overpayment, to Deposit Account Number 02-3978 to the required fee(s), or credit any overpayment, to Deposit Account Number 02-3978 to the required fee(s), or credit any overpayment, to Deposit Account Number 02-3978 to the required fee(s), or credit any overpayment, to the required fee(s), or credit any overpayment, to the required fee(s) and the required fee(s) are considered for the required fee(s).					

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